

**SUPPLEMENTAL INFORMED CONSENT for TELEHEALTH and
COVID-19 PRECAUTIONS for COMPLETING ASSESSMENTS**

This document is based on guidelines of the State of California, Marin County, and the American Psychological Association (APA) for in-person and telemedicine services during the COVID-19 pandemic health crisis. This document contains important information about the procedures required that will be used during your child's neuropsychological evaluation.

Providing Services using Telehealth

Telehealth may be one method utilized in conducting your child's evaluation as a part of a hybrid model of conducting assessments. *Zoom* or *Google Meet* are the two streaming platforms that will be utilized during assessment or consultation. The intake or feedback meeting with you may be completed using a virtual platform if an in-person meeting is not recommended due to COVID-19 restrictions. I will request an in-person meeting for our feedback meeting since I believe they are more effective. In summary, phone calls, *Zoom*, or *Google Meet* will also be utilized as needed to limit face-to-face interaction. I will need to determine the best approach for your child's assessment. I will provide you with instructions about how to log on to the platform(s) we use. By signing this consent, you are agreeing to participate in telehealth services.

Risks of Telehealth

The main risk of using telehealth is the small possibility that the session may get hacked and your confidentiality and privacy could be compromised. A second risk is a technical one as the platform could crash and terminate the session. I will provide instructions about how to proceed should that occur. By signing this agreement, you are acknowledging you understand the risks of telehealth and agree to participate in these meetings as part of our work together.

Providing Services Face-to-Face

Your child may also need to complete assessment procedures face-to-face with me in my office. I will keep our sessions to no more than 3 hours to minimize risk. The air HVAC system in my building was recently upgraded. I will also have an air purifier running during our appointments.

- I will cancel any appointment if I have any medical illness or symptoms associated with COVID-19. I will not reschedule until I am symptom-free and for at least 20 days. If I learn that I have been in contact with anyone who has tested positive for COVID-19, I will similarly postpone all appointments.
- I may ask that your child have a COVID-19 test prior to our appointments. At this time, I am seeing only vaccinated children and adolescents since they qualify for vaccination. Therefore, if there is a reason vaccination is not possible, please inform me before signing this release and completing all paperwork for this evaluation. In addition, if you have traveled away from the Bay Area, I require that you either quarantine for the required number of days (based on

current CDC regulations which we will discuss) prior to our appointments and you bring in the results of a lab-based, negative COVID-19 test completed within 72 hours of our first appointment.

- During our conversations, I may ask you to confirm that you and your child are not showing any symptoms of COVID-19 infection. I may also ask you to confirm that no one in your home has tested positive for the virus. Prior to confirming testing appointments, I may also ask you about your family's and your child's individual ongoing social activities (e.g., are they participating in sports activities with masks on; do they spend time ongoing with friends; do they wear masks); this can affect my ability to proceed with in-person testing. We will discuss this during our intake appointment and may also discuss this during subsequent appointments. A day before an appointment, I will ask you to confirm by email or phone if anyone you have visited with or live with has shown symptoms of COVID-19 or have become ill with symptoms of cold, flu etc. I may need to reschedule our appointment(s). Likewise, I will end an appointment at any time if, in my judgment, it is unsafe to continue with our assessment (e.g., your child becomes suddenly ill). I will recommend contacting your physician for medical care.
- Before each session I will disinfect surfaces using antibacterial spray or wipes. I will do this in my waiting room, in my office, and with test materials.
- Because my building has a public restroom, I will also ask your child to use hand sanitizer when they re-enter the office, and at other appropriate points during our interactions (e.g., when they arrive for their appointment). Likewise, I will do the same.
- There may be times when my waiting room is closed. Seating is available in the foyer of the building if you would like to wait, or if you wish to wait in the office suite you can wait in my waiting room. In any case, you will need to wear a mask at all times.
- If you do not want to wear a mask, your appointment will be terminated and you will be charged for a missed appointment. I will provide a mask for your child's use during each appointment. I request that you provide your child with a KN95 mask. If their mask does not fit properly or they do not have one, I will provide a KN95 mask for them to wear. The type of mask used will depend upon the current recommendations of public health officials (e.g., during the Omicron surge KN95 masks are advised). I have masks in multiple sizes.
- I will have hand sanitizer that contains at least 60% alcohol in the waiting room, and in my office. As I will do, I will ask your child to sanitize their hands after they have entered the suite. If you remain in the suite to wait, I will ask the same of you.
- We will greet one another verbally (i.e. no shaking hands or hugs). We will discuss a way to initially meet in person outdoors so we can greet one another while standing at least 8-feet away without our masks on. This will give your child the opportunity to see and meet me in a more personal way. I suggest this approach to facilitate my relationship with your child during this assessment.
- Please ask your child to use the restroom prior to the beginning of our appointment.
- I may use a desk-top sneeze guard made of clear acrylic on the testing table placed between me and your child. The sneeze guard will have a space at the bottom for passing test materials through as needed.

- Whenever possible during testing I will arrange chairs so that your child and I sit at least 6 feet away from one another.
- If you wish, your child can bring their own snack. We will need to go outdoors to eat in an effort to follow health and safety regulations. I will also have sealed snacks for your child at the office during his/her appointment. I can also offer them an unopened single-use plastic water bottle or juice box during our appointment.
- I will take your child's temperature with an electronic thermometer when he/she enters my office suite and before entering my inner office.
- If Federal, State, or County guides or guidelines are modified, I may make modifications to the above procedures. If that happens, I will describe the modifications to you.

Confidentiality and Reporting Infection

If you, your child, or I have tested positive for the coronavirus I may be required, without your consent, to notify local health authorities that you have been in the office. If I do notify, I will provide only the information required and nothing else in addition. I will seek your consent prior to the release, if possible. If not, I will inform you of what information I was required to release.

Consent

Dr. Krantz has explained the contents of this Consent Form and answered any questions I have asked. My dated signature indicates that I agree to have my child evaluated and cared for by Dr. Krantz under the special COVID-19 modifications to a general consent to treatment, which I already have signed and dated. It indicates that I also agree to comply with the requirements set forth, one of which is to inform Dr. Krantz about circumstances that may compromise my child's, my own, or Dr. Krantz's safety.

By signing this form, you agree to meet in person to complete neuropsychological testing and appointments related to assessment or consultation. You understand that by coming to my office, you are assuming the risk of possible exposure to the coronavirus (or other health risks) to you and/or your child.

Consent to Telehealth Procedures: You agree to Telehealth contact via a streaming platform as described in this consent.

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

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